

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10581780

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

1

2

3

4

5

6

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43

44

45

46

47

48

49

50

TOTAL
IND.

1



TOTAL
DEP.

22



TOTAL
CLAIMS

24



AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

51

52

53

54

55

56

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60

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92

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94

95

96

97

98

99

100

TOTAL
IND.

1

2

3

4

TOTAL
DEP.

1

2

3

4

TOTAL
CLAIMS

1

2

3

4